

Psychological Services Examiner Invoice Checklist

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Examiner Name:			Court Case/File	· · · ·
Court County/Location:				MNCIS format: 10-CR-07-123
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Case Type				
☐ CD	CD MI/CD/D			
☐ DD	☐ MI/DD			
☐ MI	☐ MI/DD/D			
☐ SDP/SPP	☐ Rule 20.01			
☐ CD/DD	☐ Rule 20.02			
☐ MI&D	20.01/20	0.02		
☐ MI/CD				
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Examiner				
First Examiner				
Second Examiner				
Alternate rate (if any)			per hour – per case	
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Optional Comment:				
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Commitment Exam Types		Commitment Exam Types		
0.17 Petition for Release				SDP/SPP - MI & D only
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Other Service